



TOWN OF ROCKLAND
Planning Board
Town Hall
242 Union Street
Rockland, Massachusetts 02370

Telephone
781-871-1874 ext. 170
Fax
781-871-0386
Email
Rocklandplanningboard@rockland-ma.gov

FORM K
ROCKLAND PLANNING BOARD
PLAN REVIEW FORM
REQUEST FOR REVIEW COMMENTS

Project Name & Address: _____

Applicant Name & Address: _____

Contact Name, Address
& Phone _____

Date: _____

To:

_____ Building Inspector	_____ Fire Department
_____ Town Engineer	_____ Police Department
_____ Board of Health	_____ Highway Department
_____ Water Department	_____ Sewer Commission
_____ Conservation Commission	_____ Zoning Board of Appeals
_____ Selectmen	
_____ Other (please specify) _____	

Attached please find the application for: _____ Site Plan Review
_____ Definitive Subdivision

The Planning Board requests that you review the enclosed application. We would appreciate your completing the form below and returning it by the date stated below. Failure to comment shall be deemed lack of opposition.

Comments due by: _____

- _____ Concur with proposal (Explain on reverse side)
- _____ Need more information (Explain on reverse side)
- _____ Cannot concur with proposal (Explain on reverse side)
- _____ Comments included

Reviewer's Signature

Title

Date

Please return to Planning Board

FORM K
ROCKLAND PLANNING BOARD

CERTIFICATION OF RECEIPT OF APPLICATION

Department delivered to: _____

Project Name: _____

Received by: _____

Print Name

Title

Signature

Date Received: _____

The Applicant is required to submit signed copies of this page to the Planning Board for each department, board, agency or professional to which an application package has been delivered. Page 1 will be completed and returned directly to the Planning Board by the department, board, agency or professional.